

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George Washington Borman

CERTIFICATE OF DEATH

Died at	Town		County		MARYLAND		
Date of death 1908	Month	Day	Years	Age	Months	Days	
Sex	Color or Race		Occupation		Birth-place		
Married, Single or Widowed	Widower		By Trade, Blacksmith		Howard Co Md		
Name of Wife or Husband	Rachel Harvey						
Father's Name	Urban Borman				Father's Birthplace		
Mother's Maiden Name	Nancy Borman				Mother's Birthplace		
Name of person giving Information	Albert G. Borman				How related to deceased		

CAUSES OF DEATH

53

Primary

Leukæmia

How long

2 yrs

Immediate

Haemorrhage (gastric).

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. D. Daufield,

Lister, Md

9

Accident or Suicide?



Name  
in  
Full

Thomas S. Campbell.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Dairy.

Town

County

MARYLAND

Date  
of death

1908

Month

April.

Day

Years

About 68

Months

Days

Sex

Male.

Color or  
Race

Age

White.

Birth-  
place

Md.

Occupation

General Laborer.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widower.

Name of Wife or  
Husband

Editha Campbell

Father's  
Name

Editha Campbell

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Betty Weston

Mother's  
Birthplace

Md.

Name of person giving  
Information

Columbus S. Campbell

How related  
to deceased

Son.

CAUSES OF DEATH

120

How long

Several years.

Primary

Chronic nephritis.

Immediate

General dropsy.

How long

Two weeks.

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. W. Lacy.  
Lisbon

Accident or Suicide?



Name  
in  
Full

Albert Curry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Guilford</u> Town		County <u>Howard</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>April</u>	Day <u>6th</u>	Years <u>0</u>	Months <u>6</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Guilford</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Alphonse Mack</u>	Father's Birthplace <u>Howard Co.</u>				
Mother's Maiden Name <u>Ada Curry</u>	Mother's Birthplace <u>Guilford</u>				
Name of person giving Information <u>Ben. Curry</u>	How related to deceased <u>Grandfather</u>				

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

48 hrs -

Immediate

Collapse

How long

4 hours -

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Chas C. Tumbleston

Guilford

Howard Co. 2nd

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Elizabeth Jane Worsay

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Age	Months	Days	
3	April	8	84	84	4	19	
Sex	Female	Color or Race	white	Birth-place	Carroll, Md		
Married, Single or Widowed	Widow	Occupation	House wife				
Name of Wife or Husband	Lydia Worsay						
Father's Name	Capt. James Morgan			Father's Birthplace	Pennsylvania		
Mother's Maiden Name	Hannah Trigell			Mother's Birthplace	Pennsylvania		
Name of person giving information	Mrs. John A. T. Stanfield			How related to deceased	Daughter		

CAUSES OF DEATH

154

How long

~12 mos

How long

PHYSICIAN  
OR CORONER

Primary

Old Age -

Immediate

Bronchitis, Sore

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R. H. Warfield

Address

Lisbon, Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Carrie Floyd

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month Apr.	Day 11	Years 25	Months 11	Days
Sex	Female	Color or Race	Black		Birth-place	Md
Occupation	H.W.		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Mm Floyd			
Father's Name	Lucius Moore		Father's Birthplace			
Mother's Maiden Name	Jessie Newson		Mother's Birthplace			
Name of person giving information	Doris Moore		How related to deceased			

CAUSES OF DEATH

27

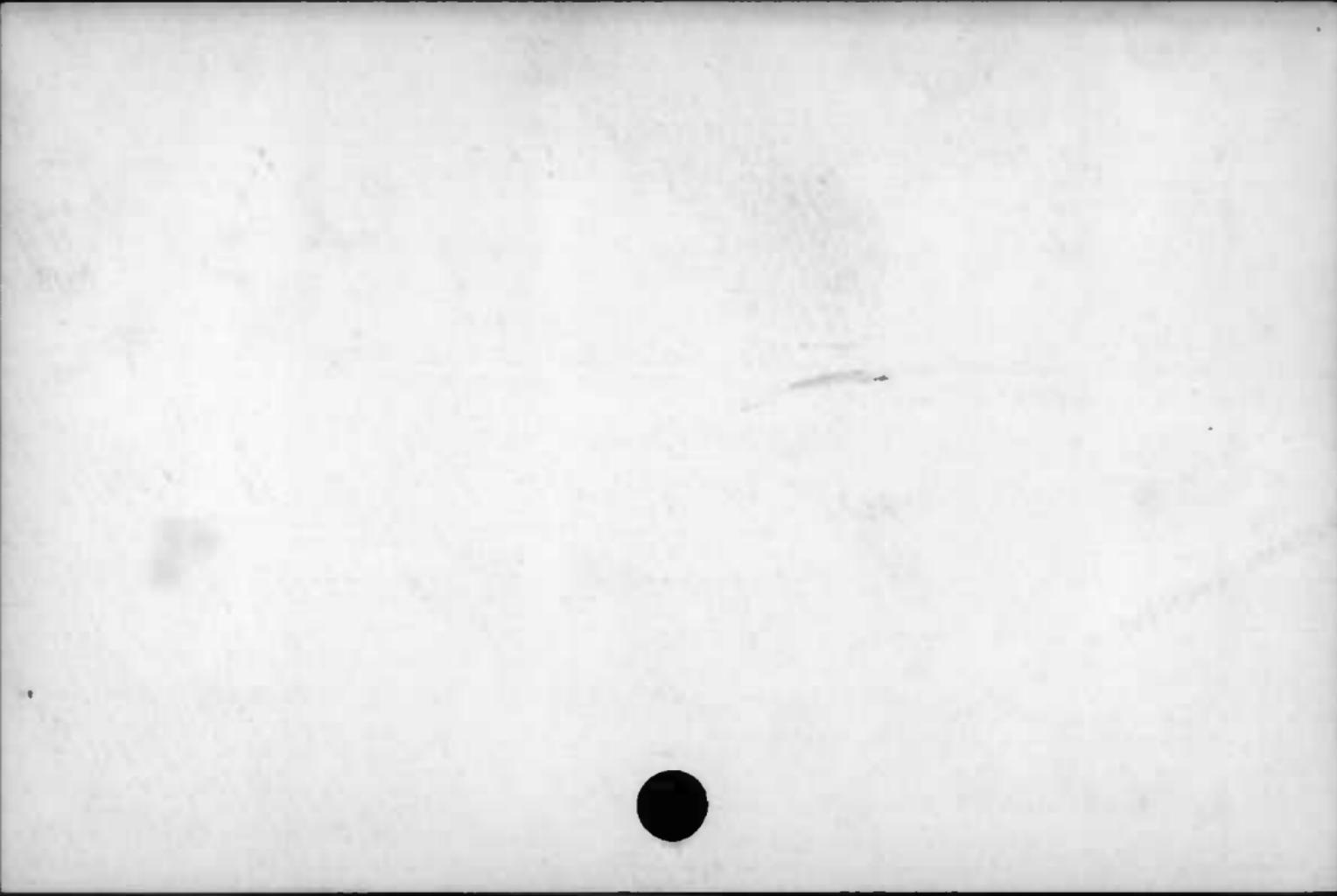
Primary	Pulmonary Tuberculosis	How long	5 yrs.
Immediate	Septicemia	How long	2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Alberton</u>		County <u>J. Howard</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>April</u>	Day <u>8</u>	Age <u>70</u>	Months <u>Howard</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>7 C</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>701 E. Locust</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Julia</u>	Father's Birthplace <u>Unknown</u>			
Father's Name <u>John L. Tamm</u>	Mother's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>"</u>	How related to deceased <u>Stephan</u>				
Name of person giving information <u>Mr. Charles A. Tamm (Stephan)</u>					

CAUSES OF DEATH

79

How long

2 or 3 year

Primary Initial & Aortic Regurgitation

How long

36 hr

Immediate Cardiac Arrest & Pulmonary edem

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

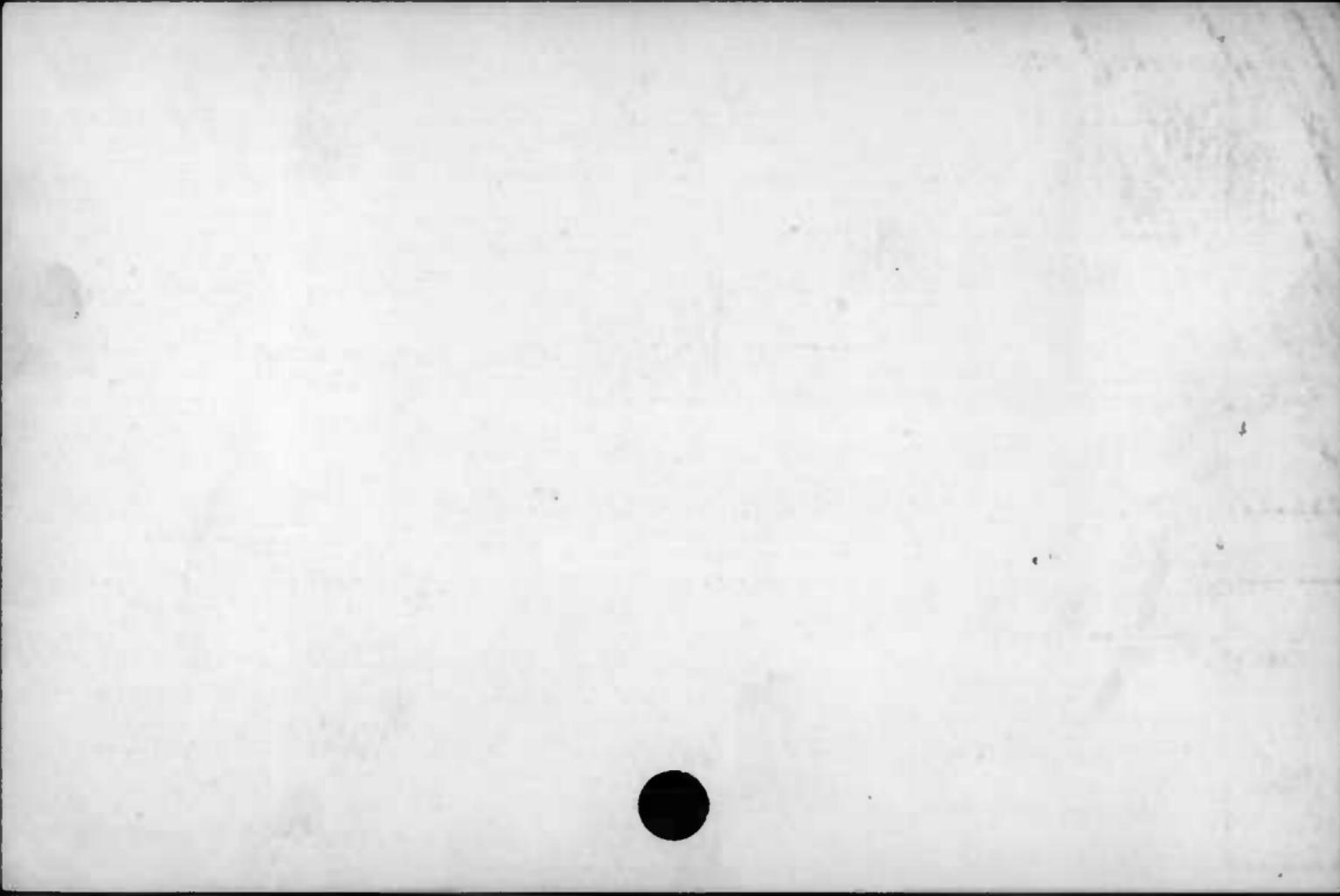
Signature of Physician

Frank G. Miller, M.D.

Address

Ellicott City, Md.

Accident or Suicide?



Name  
in  
Full

Walter Gleeson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

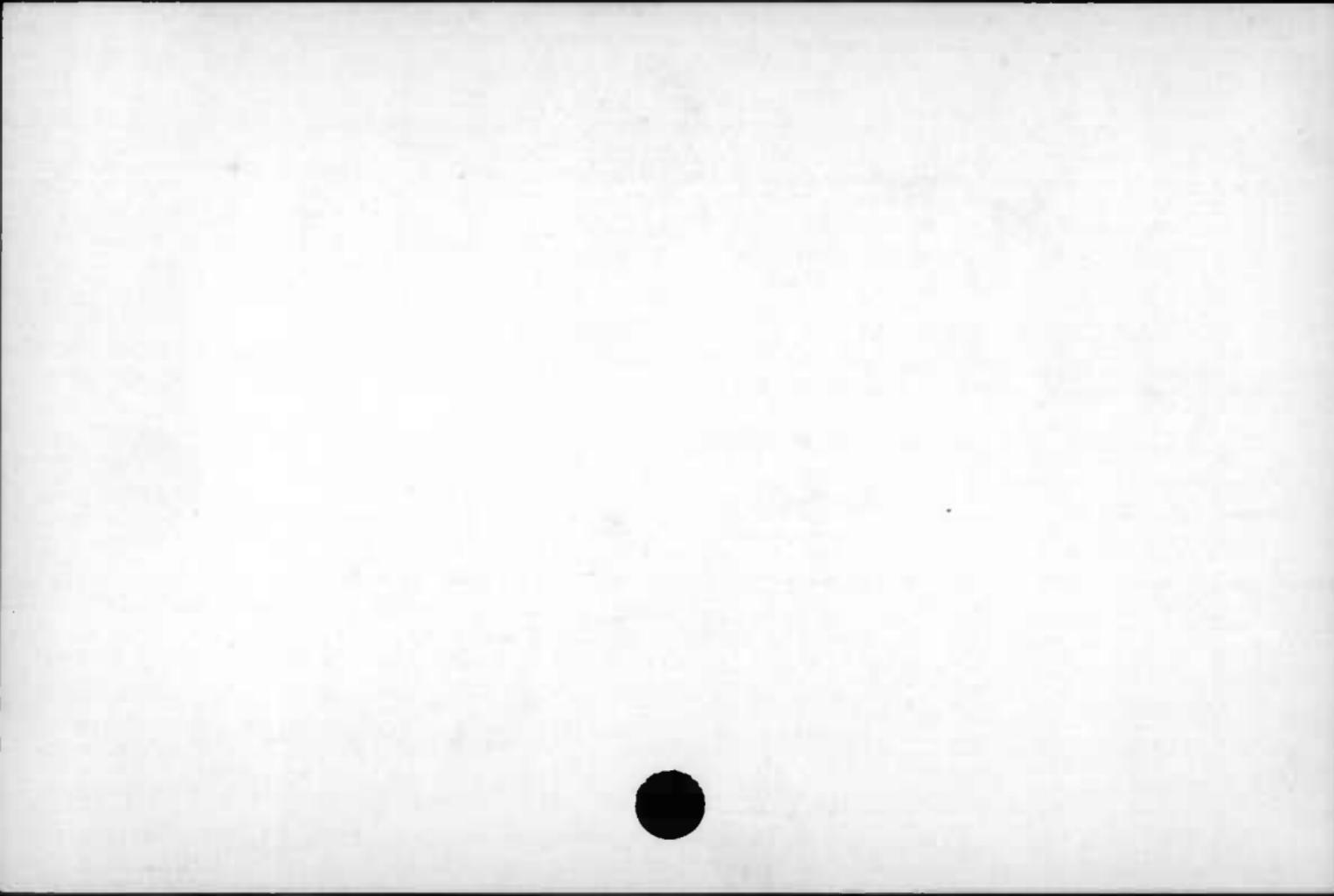
Died at	Town		County	MARYLAND	
Died at	Davis Station		Howard		
Date of death	Month	Day	Years	Months	Days
1908	April	8	Age about 35	—	—
Sex	male	Color or Race	white	Birth-place	not known
Occupation	tramp	Where Residing if not at place of death Philadelphia			
Married, Single or Widowed	don't know	Name of Wife or Husband	don't know		
Father's Name	not known				Father's Birthplace not known
Mother's Maiden Name	not known				Mother's Birthplace not known
Name of person giving information	Mr. Bowman				How related to deceased not related

CAUSES OF DEATH

166

How long

Primary	Killed by B & O. freight train	
Immediate	instantly. Accidental	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Bernard H. Wallenhorst
		Address Acting Coroner Ellicott City, Md.
Accident or Suicide?	Accident	



Name  
In  
Full

No Name Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month April	Day 4	Years	Months	Days
Sex	female	Color or Race	white	Birth-place	Carroll Grammar	
Occupation	—	—	Where Residing if not at place of death	—		
Married, Single or Widowed	singer	Name of Wife or Husband	Emma Jones	Father's Birthplace	Maryland	
Father's Name	Charles Jones	Mother's Maiden Name	Emma Orian	Mother's Birthplace	Maryland	
Name of person giving information	Charles Jones	How related to deceased	father	S		

CAUSES OF DEATH

Primary

Still born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos B. Owing M.D.  
Ellicott City Md

Address

Accident or Suicide?



Name  
in  
Full

Patrick Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	Howard	County	MARYLAND		
Date of death	1908	Month April	Day 29	Years 10	Months 0	Days 00	
Sex	Male	Color or Race	Colored	Birth-place	Maryland		
Occupation	School boy		Where Residing if not at place of death	Carrolls Manor			
Married, Single or Widowed	Single	Name of Wife or Husband	None				
Father's Name	William Jones		Father's Birthplace	Maryland			
Mother's Maiden Name	Sarah Jones		Mother's Birthplace	Maryland			
Name of person giving information	Wm Jones		How related to deceased	Father			

CAUSES OF DEATH

164

Primary accident (cart upset, caught head between curbside rocks)  
How long \_\_\_\_\_

Immediate fracture skull

How long instantly

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

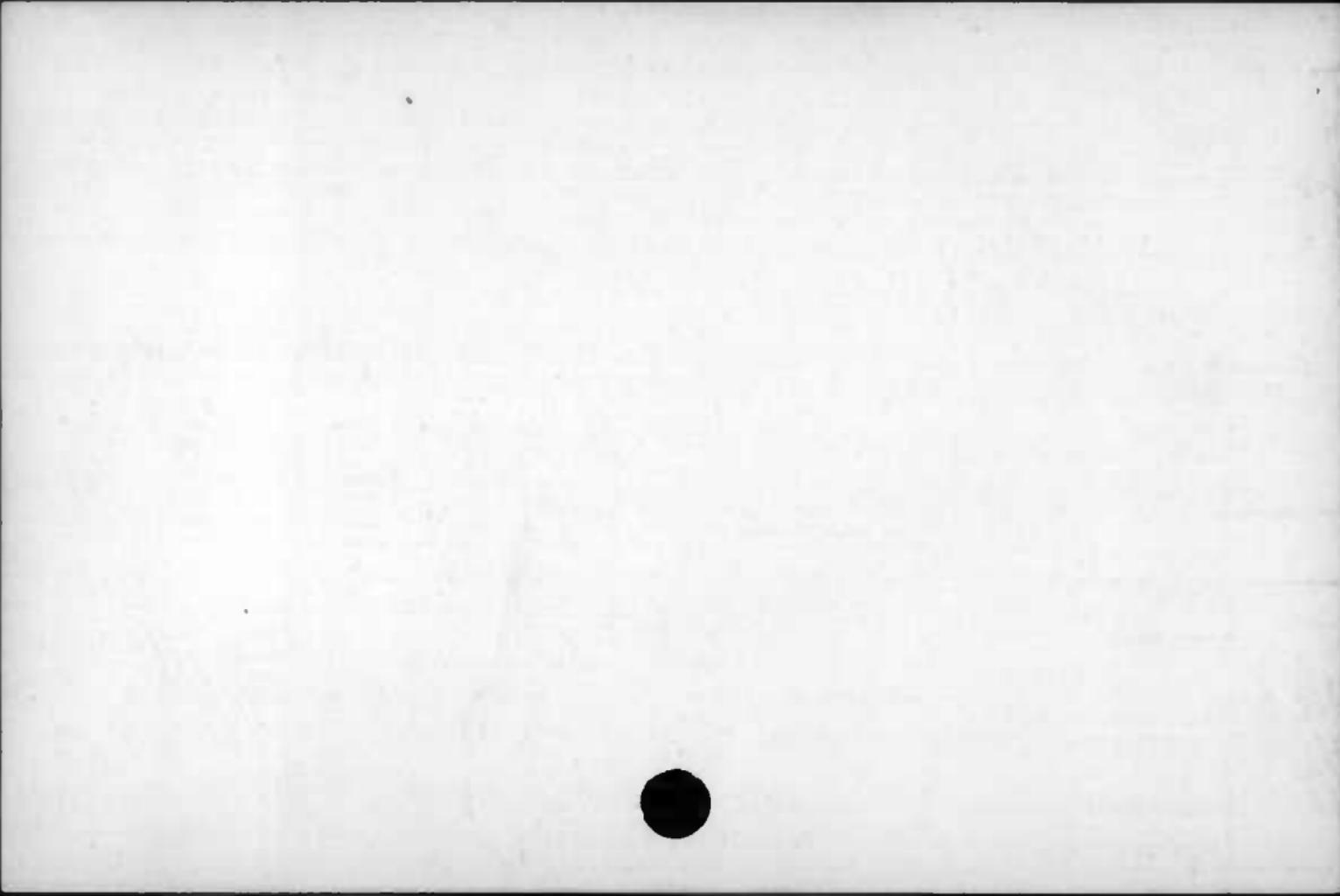
Address

Bernard H. Wallenhorst, Jr.  
Acting Coroner  
Elliott City, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

accident



Name  
in  
Full

Lulu Naomi Klinefelter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month Apr.	Day 3	Years 41	Months	Days
Sex	F.	Color or Race	white		Birth-place	md.
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	Wm E. Klinefelter			
Father's Name		Geo. L. Milliman	Father's Birthplace		md.	
Mother's Maiden Name		Sarah Hoffmann	Mother's Birthplace		md.	
Name of person giving information		Wm E. Klinefelter	How related to deceased		Husband	

CAUSES OF DEATH

68

How long

5 months

How long

5 minutes

Primary

melancholia

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

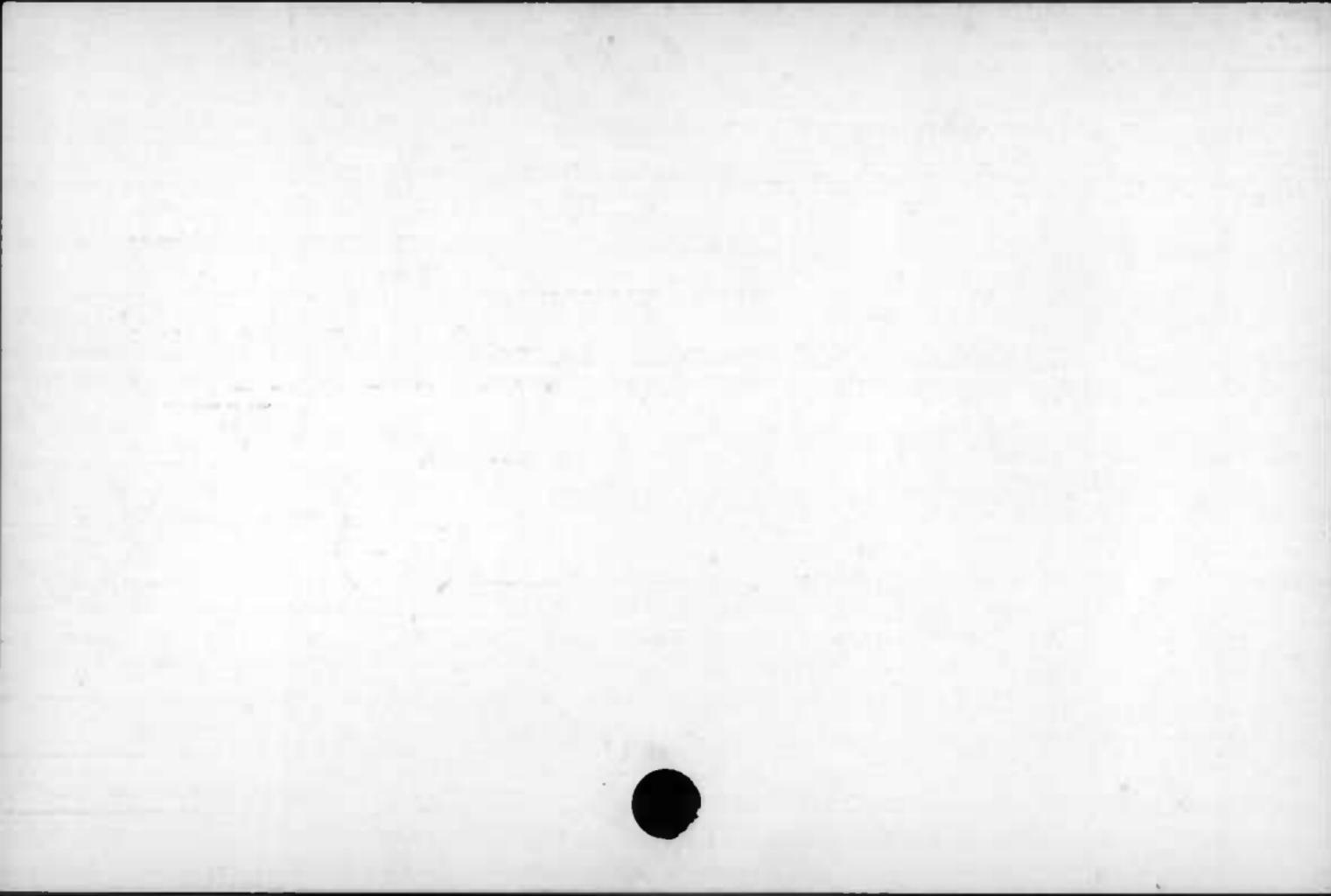
yes

Signature of Physician

Address

W. Ruehmes White  
Ellicott City  
Md.

Accident or Suicide?



Name  
in  
Full

Edward Knott

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>man dessup</u>		Town <u>Howard</u>		County <u>MARYLAND</u>	
Date of death <u>1908</u>	Month <u>4</u>	Day <u>15</u>	Age	Years	Months
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Md</u>	Days	
Occupation <u>Infant</u>	Where Residing if not at place of death <u>desup</u>				
Married, Single or Widowed <u>singl</u>	Name of wife or Husband <u>—</u>		Father's Birthplace <u>Md</u>	Mother's Birthplace <u>Md</u>	
Father's Name <u>Andrew J. Knott</u>	Mother's Maiden Name <u>Laura M. Hyli</u>		How related to deceased <u>Father</u>		
Name of person giving information <u>Andrew J. Knott</u>					

CAUSES OF DEATH

151

Primary <u>Inanition</u>	How long <u>2 mo</u>
Immediate <u>exhaustion</u>	How long <u>progressive</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician
	Address
Accident or Suicide? <u>Withi</u>	<u>Intermittent mo.</u>
	<u>Garage</u>
	<u>Md</u>



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month April	Day 4	Years 48	Months "	Days 6	
Sex	Male	Color or Race	Blk	Birthplace	Md		
Occupation	Fataor		Where Residing if not at place of death	New Laurel			
Married, Single	Yes	Name of Wife or Husband	Julia Lavi				
Father's Name	Wesley Lavi		Father's Birthplace	New Laurel			
Mother's Maiden Name	Unknown		Mother's Birthplace	"			
Name of person giving information	Julia Lavi		How related to deceased	Wife			

CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

Primary

Hypertrophy Liver

How long

3 mo

Immediate

Hemorrhage

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

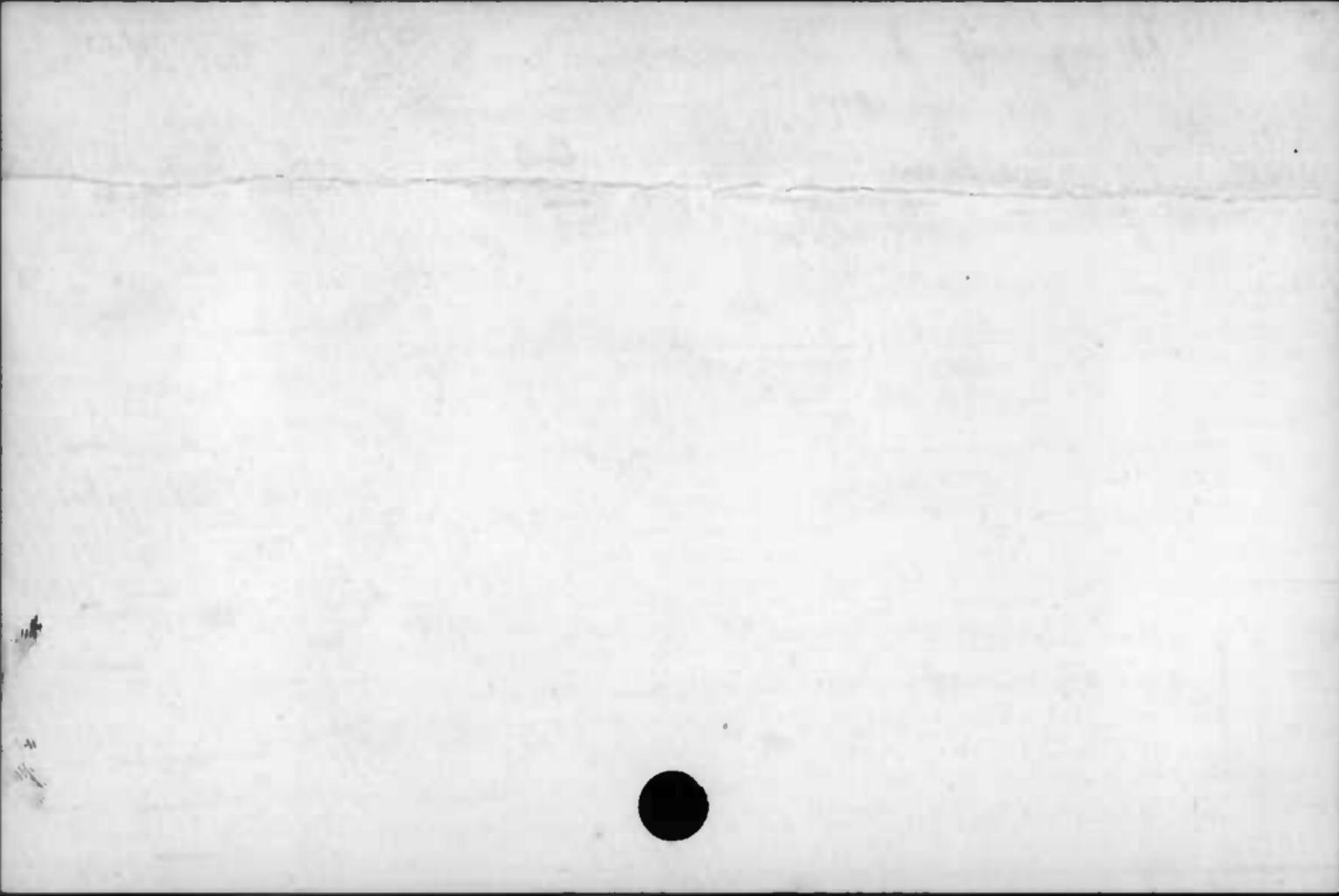
Yes

Signature of Physician

Address

JR Hunter  
Laurel Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Florence E. R. Lotman

CERTIFICATE OF DEATH

Died at <u>Near Highland</u>		Town	County <u>Howard</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>April</u>	Day <u>7th</u>	Years <u>27</u>	Age <u>27</u>	Months	Days	
Sex <u>Female</u>	Color or Race <u>Mulatto</u>			Birth-place <u>Baltimore</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Baltimore</u>						
Married, Single or Widowed <u>Married</u>	Name or Wife or Husband <u>J. W. Lotman</u>	<u>1202 Eutaw Place</u>		Father's Birthplace <u>Balto.</u>			
Father's Name <u>George J. Hall</u>					Mother's Birthplace <u>Balto.</u>		
Mother's Maiden Name <u>Lilian E. Soundrep</u>					How related to deceased <u>Aunt</u>		
Name of person giving information <u>Adelaide Hill</u>					27		

CAUSES OF DEATH

Primary Tuberculosis of Lungs & Larynx 2 years  
Immediate Diarrhea & Exhaustion 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

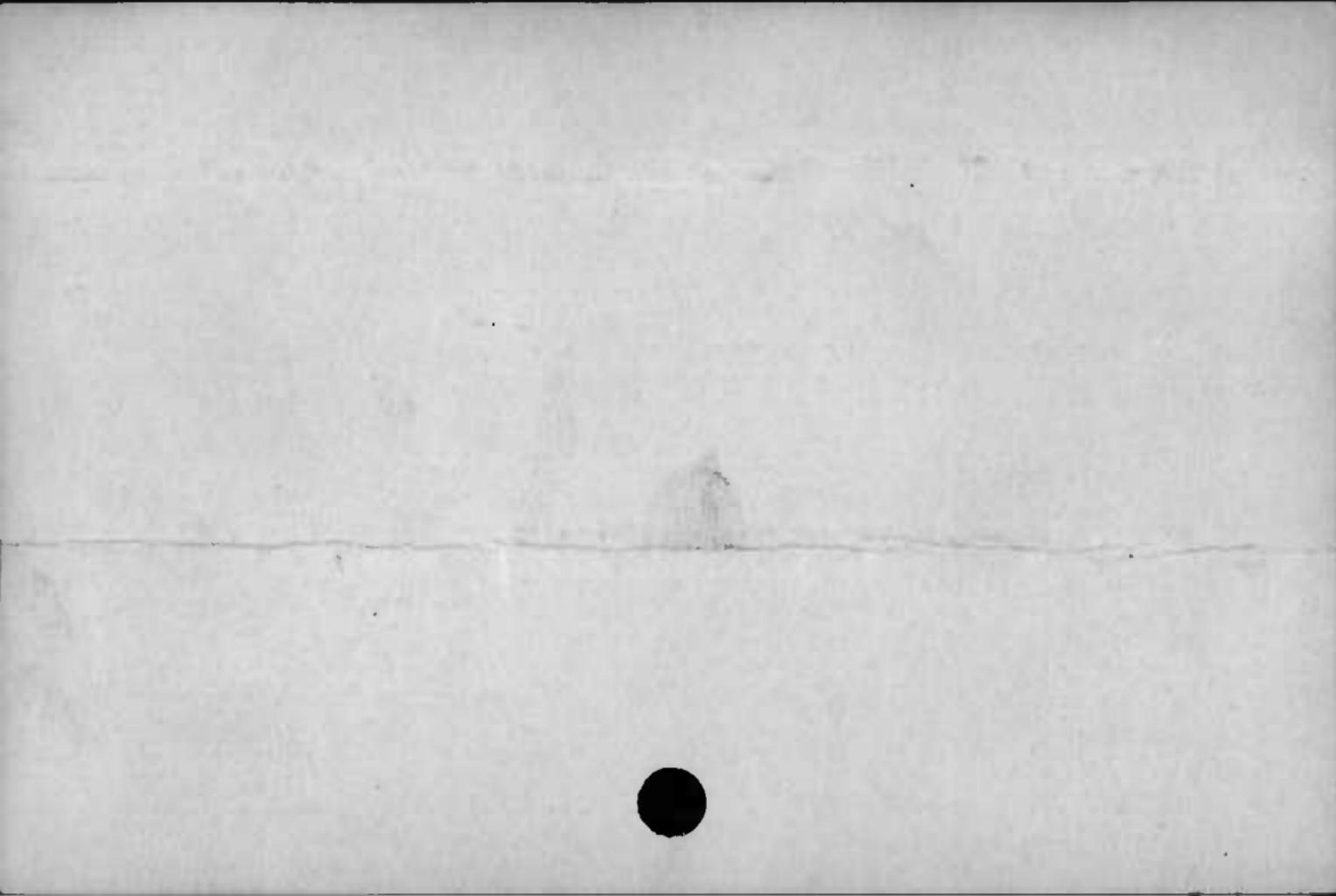
Signature of Physician

Aug. Stabler

Address

Brighton, Md.

Accident or Suicide?



Name  
in  
Full

Margaret J. Merson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Apr.	17	30	1	
Sex	Female	Color or Race	White	Birth-place	Ireland
Occupation	Housewife				
Married, Single or Widowed	Single	Name of Husband	Elomance E. Merson		
Father's Name	Mather Tinney				
Mother's Maiden Name	Mary Manning				
Name of person giving information	L. Merson				

CAUSES OF DEATH

116

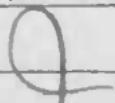
PHYSICIAN  
OR CORONER

Primary Peritonitis & Pericapsular 3 months  
How long

immediate Heart failure immediate  
How long

Are the name, age, sex, color, date and place correctly given above?

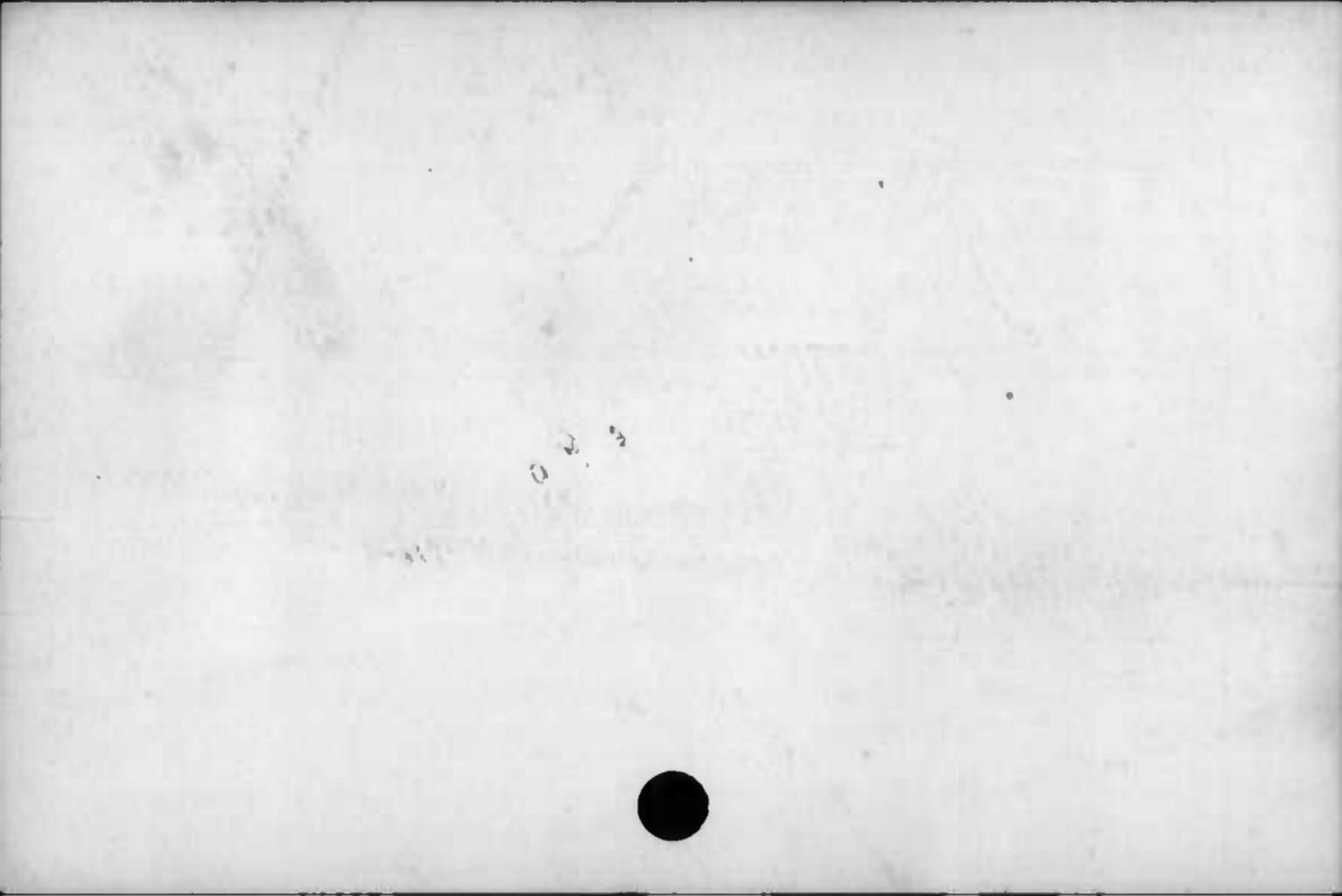
Signature of Physician



Address

W. H. Harkay  
Samuel  
Dr.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Samuel E. Jefferson

CERTIFICATE OF DEATH

Died at		Town	Howard County		MARYLAND	
Date of death	1908	Month apr	Day 26	Years 8	Months	Days 6
Sex	Male	Color or Race	White		Birth-place	Jessup, Md
Occupation	School-boy		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			Father's Birthplace	Gaithersburg, Md.
Father's Name	O F Jefferson				Mother's Birthplace	Howard Co. Md.
Mother's Maiden Name	Grace E. Care				How related to deceased	Mother
Name of person giving information	Grace E. Care					

CAUSES OF DEATH

101

Primary

Acute Phlegmonous Tonsilitis

How long

5 days.

Immediate

Edema of the Glottis

How long

1 hour.

Are the name, age, sex, color, date and place correctly given above?

Yes.

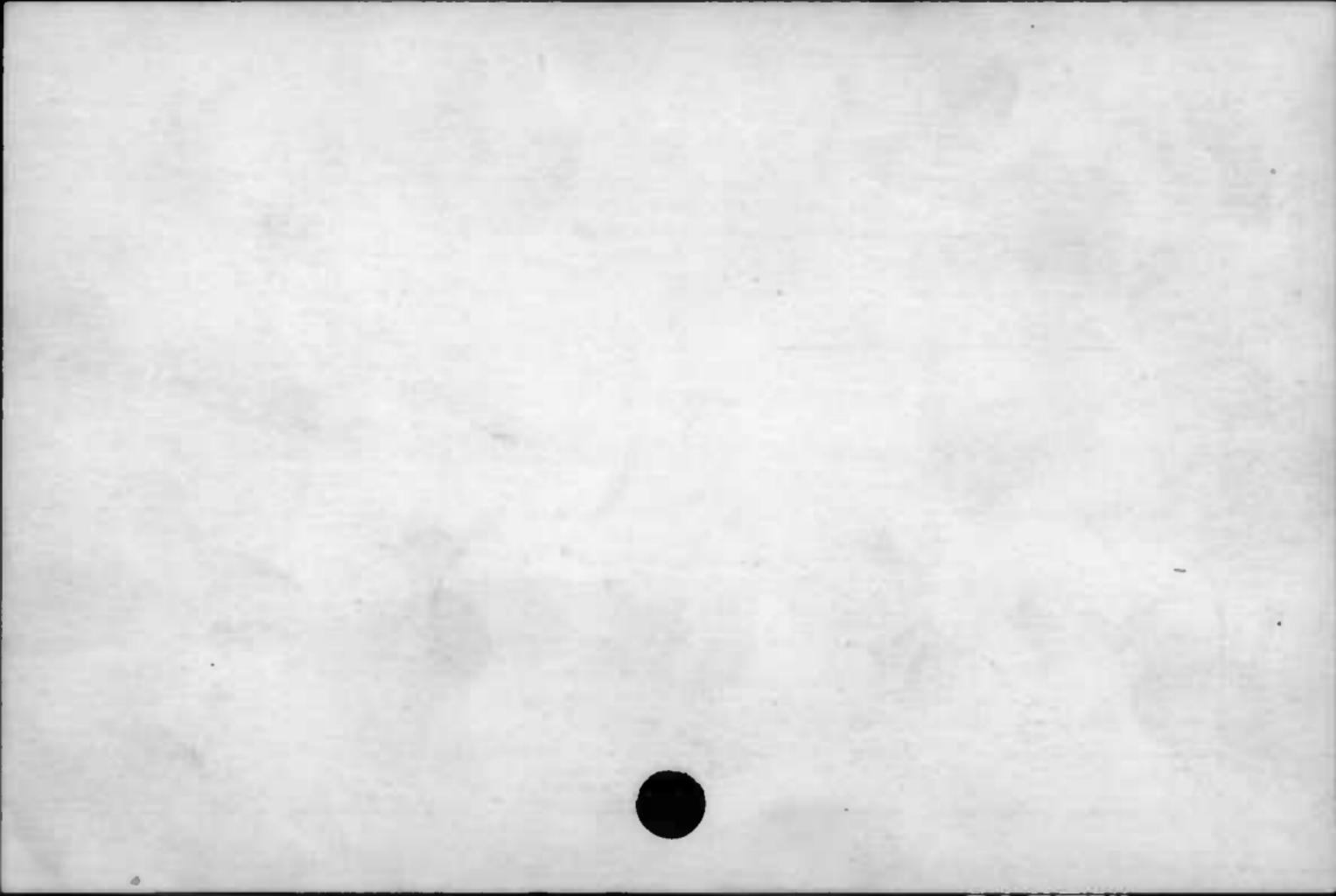
Signature of Physician

Dr. R. C. Harley

Address

Gaithersburg, Md.

Accident or Suicide?



**Name  
in  
Full**

Henry Nelson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

## NEAREST FRIEND

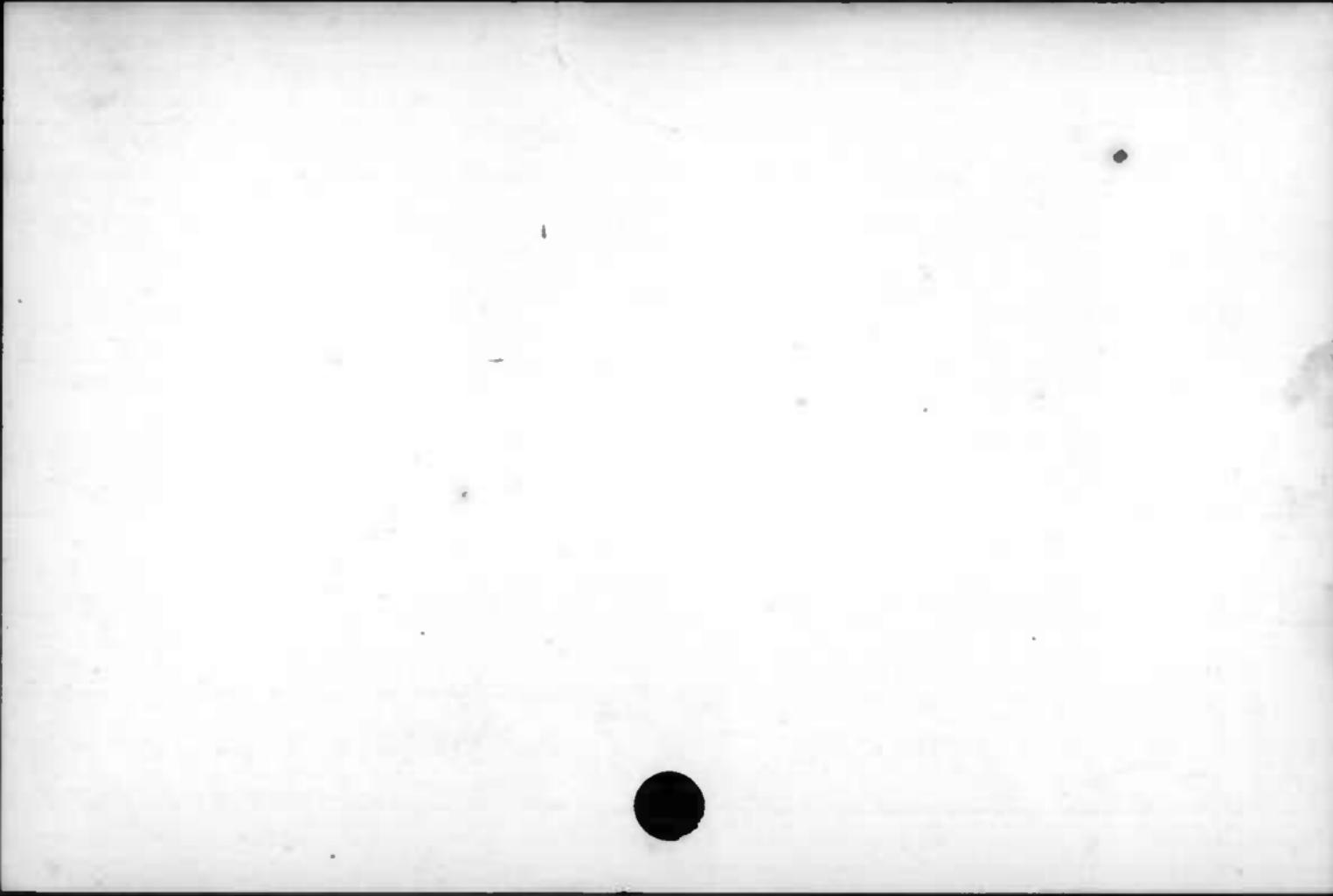
Died at <u>Anne Arundel</u>		Howard		MARYLAND	
Date of death <u>1908</u>	Month <u>4</u>	Day <u>27</u>	Age <u>70</u>	Years <u>70</u>	Months <u>0</u>
Sex <u>male</u>	Color or Race <u>nigro</u>	Birth-place <u>Md</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Anne Arundel</u>				
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Keli Nelson</u>				
Father's Name <u>Nelson</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Catharine Hulson</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>George Nelson</u>	How related to deceased <u>Son</u>				

#### CAUSES OF DEATH

79

## PHYSICIAN CO-OWNER

Primary	Valvular Disease of Heart rheumatic	How long	2 years
Immediate		How long	progressive
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	T. L. Littium M.D.
q		Address	Savage M.D.
Accident or Suicide?			



Name  
in  
Full

Elizabeth Cromwell Norris

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Orange Grove		County	Howard Co.		MARYLAND	
Date of death	Month	Day	Years	Age		Months	Days
1908	April	11	71	71		3	8
Sex	Female		Color or Race	White		Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of <del>Wife</del> Husband	C. Sidney Norris			
Father's Name	Richard Cromwell		Father's Birthplace			Maryland	
Mother's Maiden Name	Elizabeth Ann Hammond		Mother's Birthplace			Maryland	
Name of person giving information	Richard C. Norris		How related to deceased			Son	

CAUSES OF DEATH

177

Primary	Dropsy with general debility - 4 months	
Immediate	Dropsy with heart failure - 2 days	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	no	

Henry Mayhew and Sons. Co

300 Madison St

Greenmount Cem.

Funeral Monday April 13<sup>rd</sup> 1908

100  
100  
100

Name  
in  
Full

Mary C. Peddicord

CERTIFICATE OF DEATH

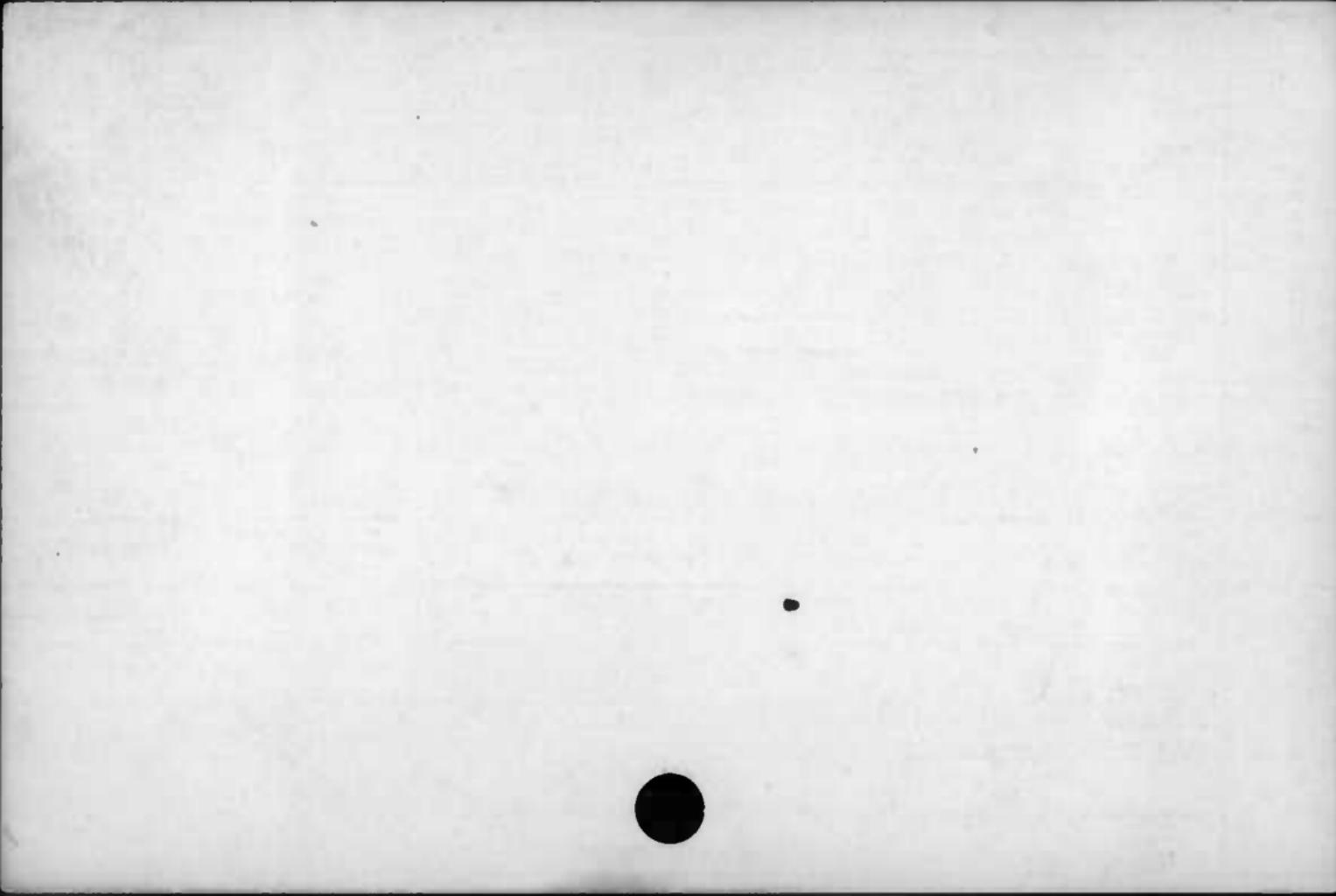
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Covington		Howard			
Date of death	Month	Day	Years	Months	Days	
1904	April	5 <sup>th</sup>	76	2	16	
Sex	Female	Color or Race	white	Birth-place	Mo	U.S.A.
Occupation	none		Where Residing if not at place of death			
Married, Single or Widowed	Name of Husband		Eli G. Peddicord			
Father's Name	Shobe		Father's Birthplace	Va. U.S.A.		
Mother's Maiden Name	not known		Mother's Birthplace	not known		
Name of person giving Information	Thomas R. Peddicord		How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic nephritis with Bronchitis 1 year	
Immediate	uremic Coma 2 days	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide	Benj. F. Shuply M.D. alpha Md.	



Name  
in  
Full

Allen Thomas Peugh.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>at New Florence</u>		Town	<u>Howard</u>		County	MARYLAND	
Date of death 190	Month <u>8 April</u>	Day <u>3</u>	Age <u>—</u>	Years <u>—</u>	Months <u>5</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation <u>—</u>					
Married, Single or Widowed <u>—</u>							

Name of Wife or Husband —

Father's Name Wm Peugh

Mother's Maiden Name Lucy Maufield

Name of person giving information J. N. Maufield

Father's Birthplace Howard

Mother's Birthplace Howard

How related to deceased none

CAUSES OF DEATH

150

Primary

Cyanosis Nervosa

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

R. O. Maufield  
Lisbon, Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Sallie Ray

CERTIFICATE OF DEATH

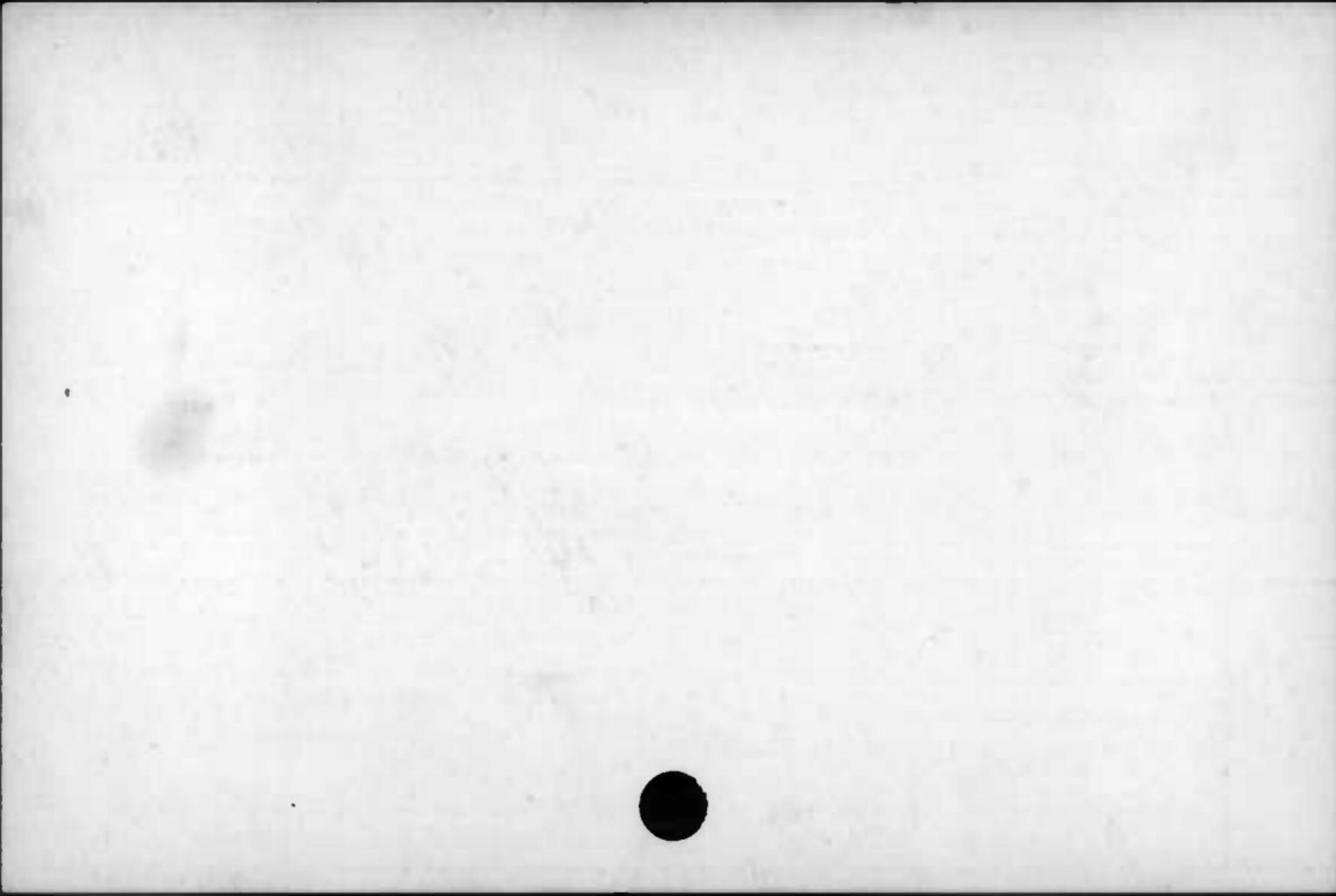
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1908 April		15	Age	46	"	"
Sex	Female	Color or Race	Black			
Occupation	Cook		Where Residing if not at place of death Hatt. Laurel			
Married, Single or Widowed	yes	Name of Wife or Husband	None			
Father's Name	Jacob Pool		Father's Birthplace Md			
Mother's Maiden Name	Emeline Brugden		Mother's Birthplace Md			
Name of person giving information	Ellen Pool		How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hemphylgia		66	How long 2 days
Immediate	Heart failure			How long few hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician J. R. Smith	Address Laurel
Accident or Suicide?				



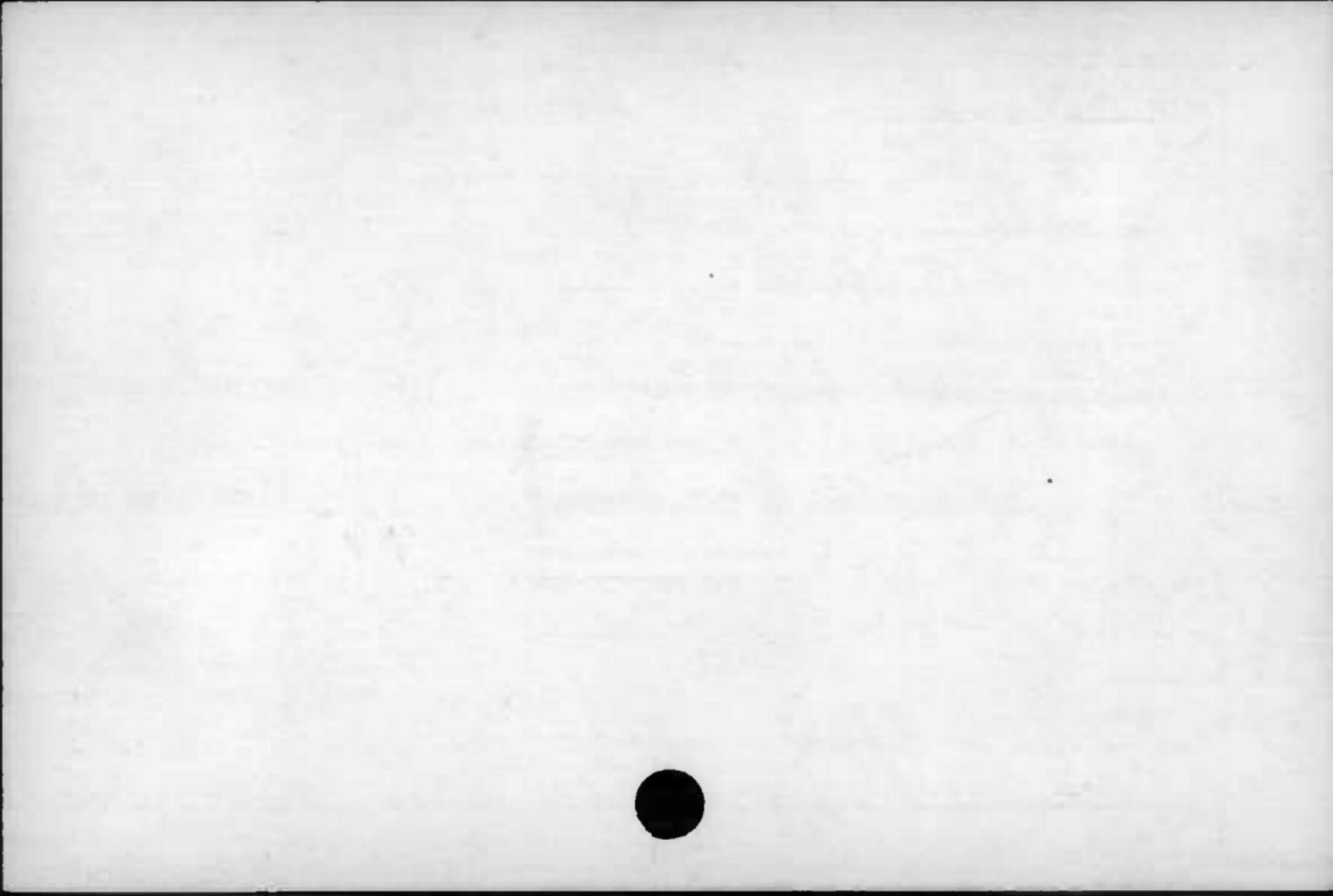
Name  
in  
Full

Elias Green Selby

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Poplar Springs</u>		County <u>Howard</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>April</u>	Day <u>19</u>	Years <u>64</u>	Months <u>9</u>
Sex <u>male</u>	Color or Race <u>White</u>	Age <u>64</u>		
Occupation <u>farmer</u>	Where Residing if not at place of death <u>Anne Arundel Co Md</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Anne Margaret Selby</u>	Father's Name <u>J H Selby</u>	Father's Birthplace <u>Howard Co Md</u>	
Mother's Maiden Name <u>Golfoot Richardson</u>	Mother's Birthplace <u>Kent Co</u>	How related <u>Son</u>		
Name of person giving Information <u>J Gilbert Selby</u>	How long <u>79</u>			
CAUSES OF DEATH				
Primary <u>hysteria</u>	How long <u>Six months</u>			
Immediate <u>Failure of compensation</u>	How long <u>79</u>			
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J Gilbert Selby</u>	Address <u>101 Avery St</u>		
Accident or Suicide? <u>9</u>				



Name

in  
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Rebecca Smallwood

✓ CERTIFICATE OF DEATH

Died at	Elioak	Town	Howard	County	MARYLAND	
Date of death	1908	Month	28	Day	Years	Months
Sex	Female	Color or Race	White	Age	84	Days
Occupation	House duties					Where Residing if not et place of death
Married, Single or Widowed	Widow	Name of Wife or Husband	John Smallwood			
Father's Name	Charles Kipley					Father's Birthplace
Mother's Maiden Name	Rebecca Hammond					Mother's Birthplace
Name of person giving Information	William Gardner					How related to deceased

## CAUSES OF DEATH

154

Primary

Senile degeneration

Immediate

Cysthennia

Are the name, age, sex, color, date  
and place correctly given above?

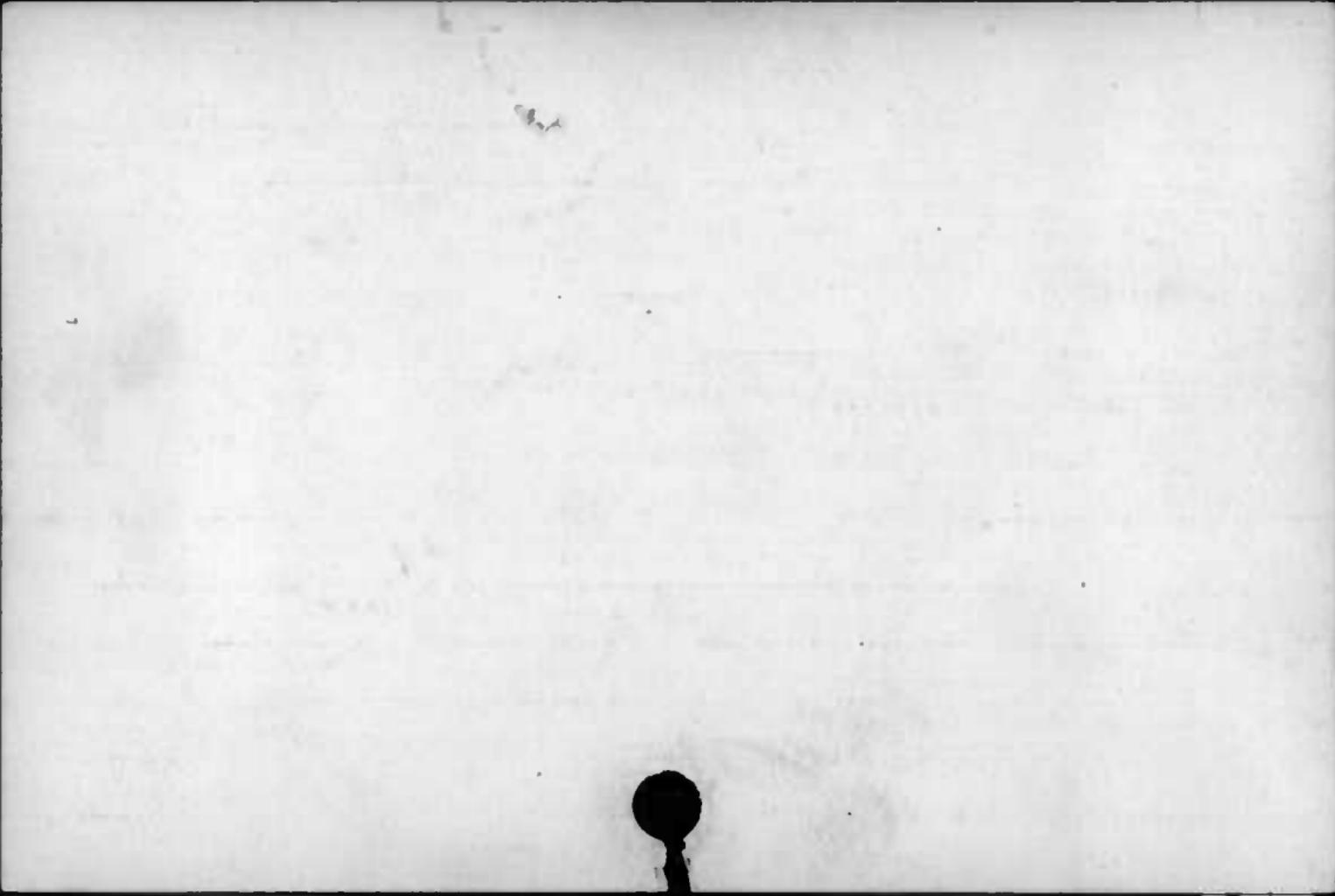
Yes

Signature of  
Physician

Address

W. M. A. Rawnsley  
M.D.  
U.S. Hospital

Accident or Suicide?



Name  
in  
Full

Matilda C. Snowden.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Covington

County

Howard.

MARYLAND

Date  
of death

1908

Month

April

Day

2.

Age

Years

85

Months

—

Days

—

Sex

Female.

Color or  
Race

Negro.

Birth-  
place

Md.

Occupation

none.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow.

Name of Wife or  
Husband

Father's  
Name

Nicholas S. Matthews.

Father's  
Birthplace

Dont know.

Mother's  
Maiden Name

Dont know.

Mother's  
Birthplace

Dont know.

Name of person giving  
Information

Lorenya D. Snowden.

How related  
to deceased

Son.

CAUSES OF DEATH

120

Primary

Nephritis of Heart Disease

How long

About 2 years

Immediate

Congestion of Lungs.

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

J.W. Lacy.  
Sister

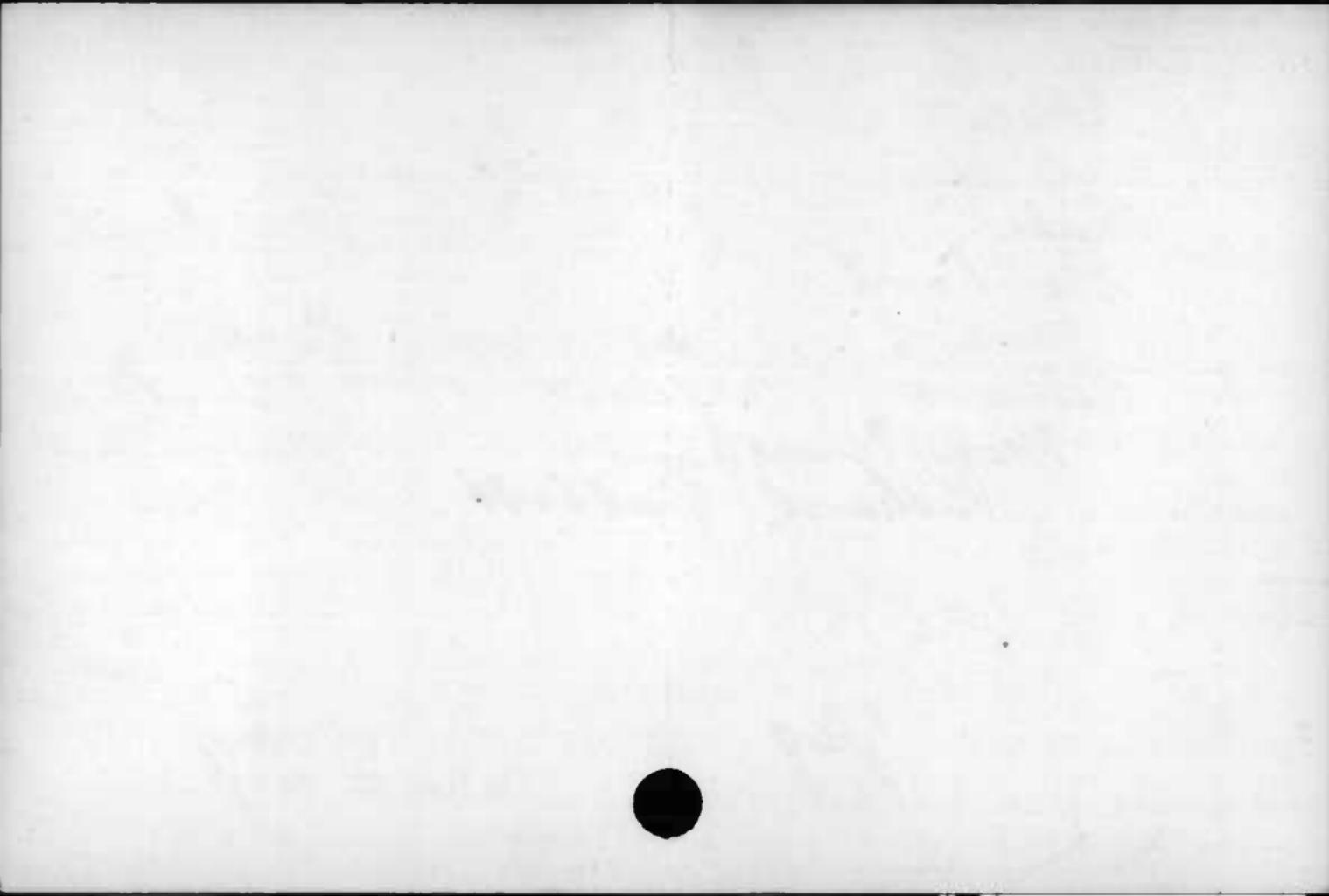
Q

Address

Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Near Laurel		Howard		Months	Days	
Date of death	1908	Month 4	Day 17	Years 83		
Sex	Male	Color or Race	White	Birth-place	Howard Co	
Occupation	Farmer		Where Residing if not at place of death	At Place of Death		
Married, Single or Widowed	Marius	Name of Wife or Husband	Elizabuk Souder			
Father's Name	John Souder		Father's Birthplace	Pennsylvania		
Mother's Maiden Name	Melinda Cross		Mother's Birthplace	Howard Co		
Name of person giving information	Benj. F. Murphy		How related to deceased	Son in law		

CAUSES OF DEATH

92

How long

8 days

How long

PHYSICIAN  
OR CORONER

Primary

Pneumonia Bronchitis

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. P. Murphy  
Laurel MD

Accident or Suicide?



Name  
in  
Full

Edward A. Talbott

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Ellicott City	Town	County	MARYLAND		
Date of death	1908	Month Apr.	Day 23	Years 59	Months	Days
Sex	male	Color or Race	White	Birth-place	Maryland	
Occupation	Merchant					
Married, Single or Widowed	Married	Name of Wife or Husband	Georgianne Laney			
Father's Name	Edward A. Talbott					
Mother's Maiden Name	Mary Wareham					
Name of person giving Information	Richard Talbott					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bright's Disease

120

How long  
1 year

Immediate

Jaundice

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

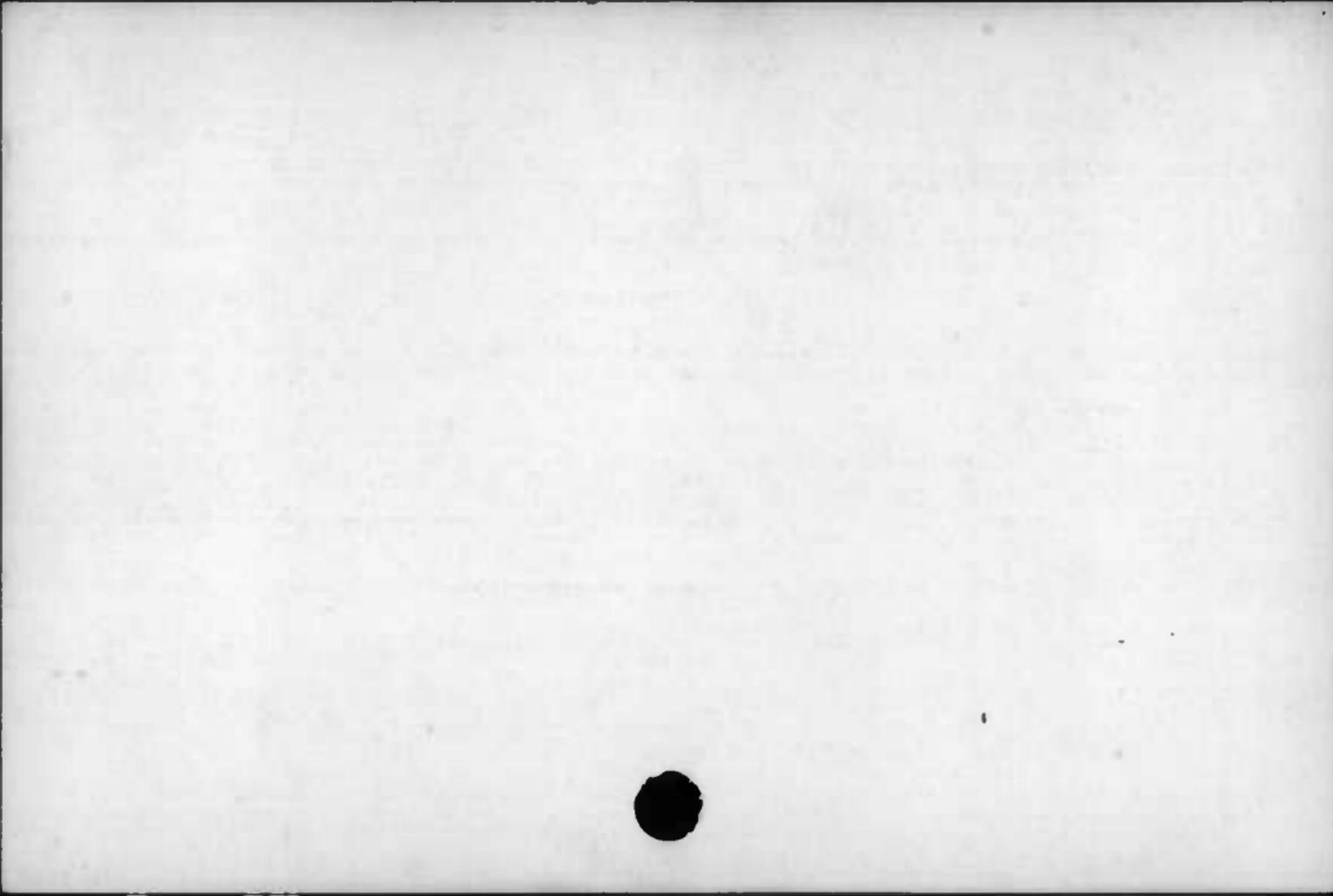
Yes

Signature of Physician

Address

Edward A. Talbott  
Ellicott City

Accident or Suicide?



Name  
In  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Audrey Humphrey

CERTIFICATE OF DEATH

Died at Woodstock County Howard MARYLAND

Date of death 1908 Month Apr Day 1 Years 4 Months 4 Days 2

Sex male Color or Race white Birth-place and same

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Geo. Humphrey Father's Birthplace and same

Mother's Maiden Name Ida Madelaine Mother's Birthplace and same

Name of person giving information Geo. Humphrey How related to deceased Father

CAUSES OF DEATH

95

How long

Primary

Pulmonary Congestion, 24 hours

Immediate

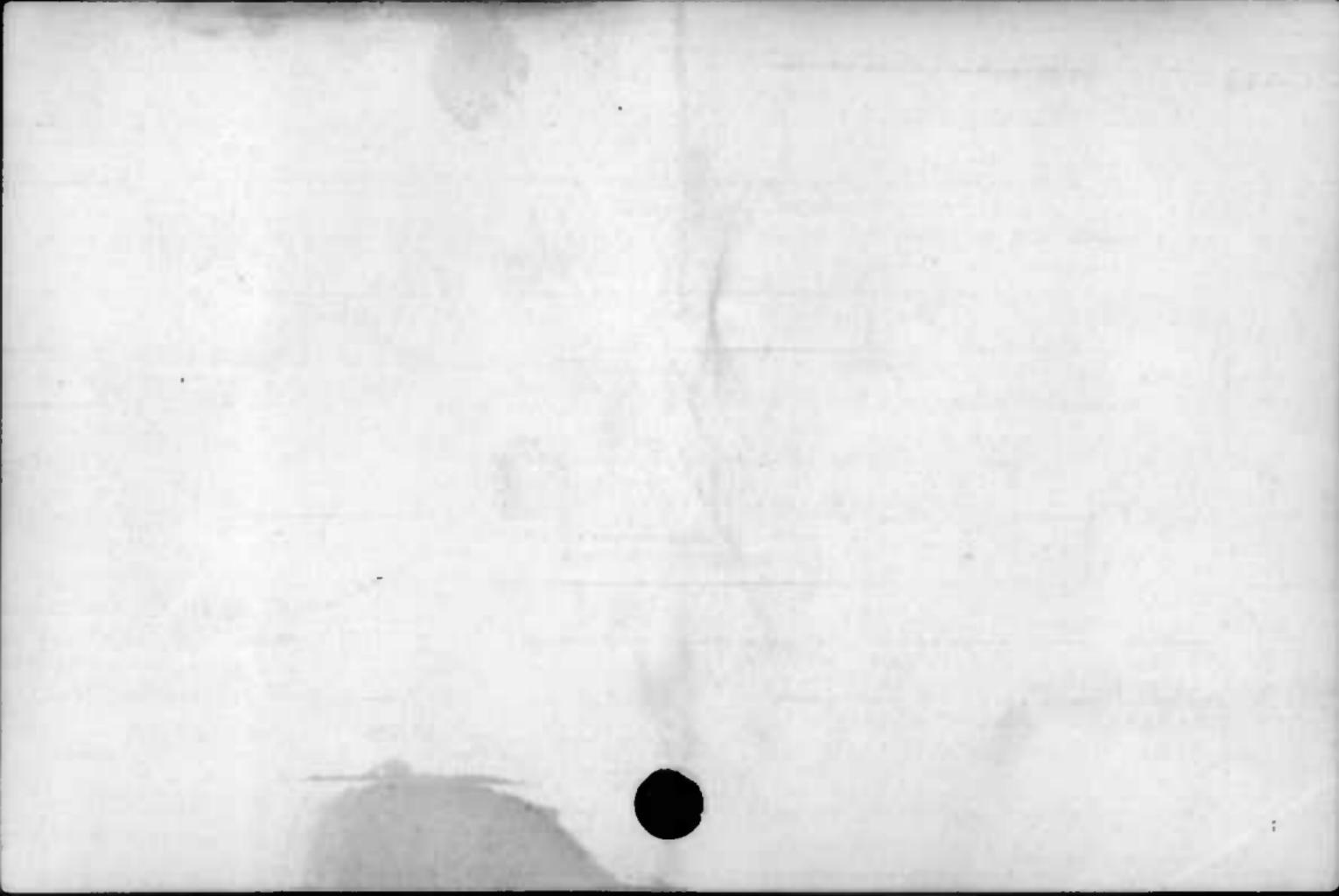
Convolusions 5 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



(Still born)

Wheatley

## CERTIFICATE OF DEATH

Town

Died at Sykesville

County

Howard

MARYLAND

Date

of death

1908

Month

April

Day

3

Years

Ae

Months

—

Days

—

Sex

Male

Color or  
Race

white

Birth-  
place

Sykesville and

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

George E. Wheatley

Father's  
Birthplace

Howard Co and

Mother's  
Maiden Name

Mary V. Amoss

Mother's  
Birthplace

" " "

Name of person giving  
Information

George E. Wheatley

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Shoulders caught in lower strait

How long

3/4 hr

Immediate

obstruction of placental circulation

How long

3/4 hr

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Benj. F. Shifley M.D.

Alpha  
Howard Co Md.

Accident or Suicide?

